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2019 JUN 25 AM 1:10

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

19 CV 5935

Kevin T Nugent Jr
4411 180 3722

Write the full name of each plaintiff.

No.
(To be filled out by Clerk's Office)

-against-

NYC Dept of Corrections
Officer Gray #18367

COMPLAINT
(Prisoner)

Do you want a jury trial?
 Yes No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other:

Violation of (H.I.P.P.A) (Hate Crime)

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Kevin

First Name

T

Middle Initial

Nugent

Last Name

T

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

441-180-3722

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

A.M.K.C (C-95)

Current Place of Detention

Rikers Island

18-18 Hazen st

Institutional Address

Queens

County, City

N.Y.

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Gray 18367		
officer (connection)		
Current Job Title (or other identifying information)		
18-18 Hazen St		
Current Work Address		
East Elm Hurst, NY 11370		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Detox line

Date(s) of occurrence: 12/2018 till Now June 28, 2019

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Officer Gray (18367) working the Medication / Detox line in A.M.I.C where he knows that prisoners are receiving Detox for their addiction (namely methadone). Starting around Dec 2018 the abuse of his position to degrade us especially white and spanish people. I have reported his abuse to (311) and to the Jail but it has only gotten worse. The first degrading comments where we are or I am a Cracker dope Feen. This was reported. Then he would allow Black inmates to get their medication before me when they where not even suppose to be there but would only stop the white individuals telling us the dope isn't going anywhere yelling at me and others that we will get our dope when he wants us to get it, that he's the dopeman violating our HIPPA Rights that NO ONE is to

Know what medication we are given.

For months I hoped the abuse would

stop but has only gotten worse. Now

Officer Gray 18387 is calling me a
nigger and Bogo for reporting his
behavior. So he has abused his right
to be a officer, and abused so many

detainees about they addiction or race.

When will it stop (31) Reported Incident to Facility

INJURIES: But I left it alone hoping it would stop but it has
only gotten worse.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I feel degraded, speaking to Mental
Health about the mental torture
officer is inflicting plus due been
clean for 6 yrs of Methadone and
this officer Gray keep degrading my
race, my addiction is against the law.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am soving for 10,000,000.00 \$
For violating my civil rights 1983, HIPPA
Violation, and Hate Crime. Plus I would
like the officer removed from his
position.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6/18/2019
Dated

E. Tracy
Plaintiff's Signature

Kenlin
First Name

T
Middle Initial

Nugent
Last Name

18-18 Hazen St
Prison Address

East Elm Hunt
County, City

N.Y.
State

11370
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

6/20/2019

East Elm Street, N.Y. 11370

United States District Court

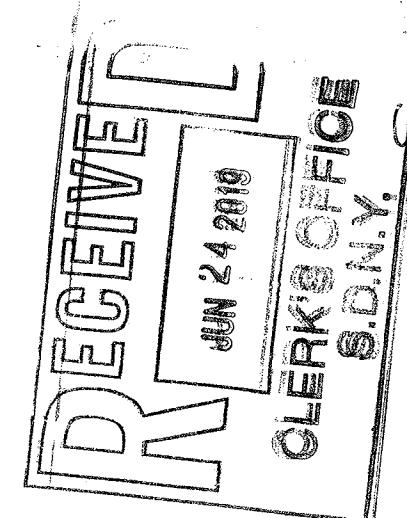
2019
OFFICE OF THE
SOUTHERN DISTRICT OF NEW YORK

U.S. Court House

500 Pearl Street

New York, N.Y. 10007-1312

Proc 58
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